

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND DEPARTMENT OF HUMAN RESOURCES

**Health Care Reform Project** 

**Collaboration for IT Development** 

**Affordable Care Act (ACA)** 

July 11, 2011

## **Background**

- HHS Secretary to certify eligibility and enrollment functionality for each State by 7/31/2013 to have an operational Health Benefit Exchange
- Maryland to establish its own Health Benefit Exchange with integrated Modified Adjusted Gross Income (MAGI) eligibility and enrollment for individuals and small businesses.
- To Provide seamless eligibility determinations with Medicaid, so that individuals will become eligible for, and enrolled in, the appropriate program.
  - The functionality necessary to support the individual exchange must determine whether a person is below 133% of the federal poverty level (FPL), and therefore qualifies for state/federal financing from Medicaid; between 133-400% FPL, and therefore qualifies for an advanceable federal tax credit; or is above 400% FPL, and therefore does not qualify for any form of public subsidy.
- Maryland to develop an innovative solution that leads the nation in its ease of use and flexibility. Ease of use is critical to maximize enrollment.
  - Flexibility will permit Medicaid and the Exchange to nimbly make policy changes before and after implementation, as various eligibility criteria might change in areas such as new Medicaid eligibility groups, or new criteria for financial hardship exceptions from the individual mandate.

## **Goals for Health Care Reform Project Implementation**

- Assist MD citizens in getting affordable healthcare by providing a "no wrong door" easy-to-use multiple channel gateways to MD health assistance programs.
- To provide a technology platform, which facilitates the implementation of ACA requirements as defined in collaboration by all State of MD stakeholders (DHMH, DHR, Exchange) including:
  - Eligibility, SHOP Exchange, Enrollment, Plan Certification, Call Center, Reporting
- 3. To protect the public trust by providing a technology platform that is:
  - Cost Effective, Scalable, Security-Enabled and Designed for Future Enhancements
- 4. To build a scalable platform that easily integrates health and social services programs.

## The Innovator Grant

Maryland has created cohesive environment where collaboration among DHR and DHMH leadership, as well as stakeholders, has been the most vital component of progress thus far, especially in the following areas:

- Establishment of Project Sponsorship: Both DHMH and DHR Secretaries are co-executive sponsors of this project. State has initiated weekly planning calls, which include Secretary of DOIT, Chief Innovation Officer (at the Governor's Office), the Assistant Attorney General, and respective staff from DHMH as well as DHR.
- 2. **Development of the Concept Proposal and Project Charter:** State has hired a Project Manager, Subject Matter Expert, Senior Architect, Business Analyst and is in the selection process for the System Analyst. The team has centered its focus on gathering and documentation of information that will articulate what the State is seeking to build / buy (i.e. architectural business requirements).
- 3. Formation of the Planning Team: For the initial requirements stage, State has identified and has been working with key programmatic Medicaid and social services staff from DHMH and DHR as well as technical teams to capture input on current systems and existing eligibility and enrollment processes.
- 4. Identification and Initial Analysis of Business Improvements.
- 5. Development of key planning documents.
- 6. Development of key procurement processes.
- 7. Combined with the exchange implementation grant, the Innovator Grant will support the IT infrastructure needed to reach the goals of health reform implementation.